

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/20/2013



Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/18/2013
Date of Injury:	4/10/2010
IMR Application Received:	7/29/2013
MAXIMUS Case Number:	CM13-0004148

- 1) MAXIMUS Federal Services, Inc. has determined the retrospective request for a urine toxicology screen performed on 6/27/2013 **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 7/18/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/6/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the retrospective request for a urine toxicology screen performed on 6/27/2013 **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The Expert Reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and treatments and/or services at issue.

Expert Reviewer Case Summary:

The applicant, Mr. [REDACTED], is a [REDACTED] roofer who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 10, 2010.

Thus far, he has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; topical compounds; adjuvant medications; prior lumbar laminectomy of February 14, 2013; and extensive periods of time off of work.

Also reviewed is a prior July 18, 2013, progress note in which urine drug screen is non-certified. The prior utilization reviewer states the MTUS Chronic Pain Guidelines only endorse biannual drug screening unless there are risk factors or misuse or abuse.

Included in the prior utilization review summary are suggestions, as of June 27, 2013, that the applicant underwent urine drug testing that was positive for opiates consistent with prescribed medications. The applicant is on Norco, Neurontin, Zanaflex, Prilosec and Naprosyn. The utilization reviewer also summarizes numerous other progress notes of January, February, and May 2013. There is no evidence that urine drug testing was ordered on any of these office visits.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (received 07/29/2013)
- Utilization Review Determination from [REDACTED] (dated 07/18/2013)
- Employee medical records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the retrospective request for a urine toxicology screen performed on 6/27/2013:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, pgs. 43, 77-80, 94, which are part of the MTUS, and the American College of Occupational and Environmental Medicine (ACOEM), 3rd Edition, (2008), Chronic Pain Opioids, page 143, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pgs. 43 and 77, which are part of the MTUS, and the American College of Occupational and Environmental Medicine (ACOEM), 3rd Edition, (2008), Chronic Pain, Table 11: Dosing for Opioids, which is not part of the MTUS.

Rationale for the Decision:

As noted on page 43 of the MTUS Chronic Pain Medical Treatment Guidelines, urine drug testing is recommended in chronic pain patients, as an option to assess for the presence or absence of illicit substances. It is further noted that page 77 of the MTUS Chronic Pain Medical Treatment Guidelines suggests that urine screen should be considered to assess for the presence of illicit substances in those individuals using opioids chronically. In this case, the applicant is using opioids chronically. The frequency of urine drug testing is a topic that is not specifically addressed in the MTUS. The third edition ACOEM guidelines suggest that urine drug testing should be performed routinely and up to four times a year in those individuals using chronically. The limited information on file suggests that applicant is using opioids chronically and has not had prior drug testing in 2013. The third edition ACOEM guidelines also suggested standard urine drug screening processes should be followed. **The retrospective request for a urine toxicology screen performed on 6/27/2013 is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Paul Manchester, MD, MPH,
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/ldh

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.